



a publication of the Seventh-day Adventist Church in Canada

## Obituary Form

to be filled out by the family (preferred), pastor, or church secretary

*Our preference is to receive obituaries via the online form that can be found at [www.sdacc.org/departments/messenger/obituary.php](http://www.sdacc.org/departments/messenger/obituary.php). If online submission is not possible, we will accept this form by fax (905/433-0982) or mail (1148 King St. E, Oshawa, ON, L1H 1H8)*

### Instructions:

- Please type or clearly print all information and verify all spellings and dates.
- Please include your own contact information phone number or email address so that, if needed, information may be verified.
- If you have questions, phone Lori at 905/433-0011 ext. 2095

Submitter's Name: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Phone or email: \_\_\_\_\_

### Obituary Information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Born: (mon) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ in (city) \_\_\_\_\_ (province) \_\_\_\_\_

Died: (mon) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ in (city) \_\_\_\_\_ (province) \_\_\_\_\_

Spouse's name: (first, last and maiden names as applicable) \_\_\_\_\_

Spouse's status: . surviving . predeceased

Family members: (first name, spouse's name in brackets, last name, city and province of residence)

	surviving	predeceased
Son/s: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Stepson/s: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Daughter/s: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Stepdaughter/s: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Foster children:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Father:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mother:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Brother/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stepbrother/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Half-brother/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sister/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stepsister/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Half-sister/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>

# of Grandchildren: \_\_\_\_\_ Great-grandchildren: \_\_\_\_\_ Great-great-grandchildren: \_\_\_\_\_

One-sentence description of Canadian denominational service: (max. 40 words)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OR

One-sentence description of specific contribution to the mission of the church: (max. 40 words)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_